

**SUBSTANCE ABUSE SERVICES DIVISION**  
**Alabama Department of Mental Health**  
**PROCEDURES FOR REPORTING CRITICAL INCIDENTS IN SUBSTANCE ABUSE PROGRAMS**  
**July 1, 2008**

**I. SASD POLICY**

All providers certified by and/or under contract with the Alabama Department of Mental Health (DMH) for the provision of substance abuse prevention and treatment services shall follow the protocol contained, herein, for reporting critical incidents which occur in the service delivery process. A critical incident is any unusual, unexpected, and/or significant event which disrupts, adversely impacts, or has the potential to adversely impact the course of service delivery, treatment, or care for a client or program participant. This policy does not supersede or replace any other statutory requirement for reporting to the Alabama Department of Human Resources, Alabama Department of Public Health, OSHA, law enforcement officials, or other designated agencies as required by law.

Each certified/contract provider shall develop and implement written policies and procedures to support:

- Compliance with the incident reporting requirements of DMH;
- Timely and appropriate review of critical incident data by the organization's governing body, along with, its executive and clinical leadership staffs; and
- Utilization of incident data to take preventive or curative actions to ensure the safety and protect the interests of its clients, participants, employees, volunteers, and visitors.

**II. DEFINITIONS OF SASD REPORTABLE CRITICAL INCIDENTS**

**A. ABUSE/NEGLECT**

The commitment or omission of any act which results in the infliction of pain, injury, and/or harm to a client by those entrusted to provide his/her care. Specific reportable incidents of abuse/neglect include:

**Physical Abuse**

Any assault by an employee upon a client including but not limited to hitting, kicking, pinching, slapping, or otherwise striking, or using excessive force, regardless of whether an injury results. Assault as defined by this policy implies intent.

**Sexual Abuse**

Any sexual conduct, including incitement to engage in such conduct, with a client by an employee on or off duty. Sexual abuse includes but is not limited to sexual intercourse with a client, deviate sexual intercourse or contact; and any other form of sexual contact to include any touching of the sexual intimate parts.

**Neglect**

The failure to carry out a duty through reckless conduct, carelessness, inattention, or disregard of duty, whereby, the client is exposed to harm or risk of harm, and includes but is not limited to:

1. Failing to appropriately supervise clients or otherwise leaving client areas unattended;
2. Failing to ensure the client's basic needs for safety, nutrition, medical care and personal attention are met;
3. Failing to provide treatment in accordance with the treatment plan.
4. Utilizing treatment techniques, e.g., restraints, seclusion, etc., in violation of DMH or the program's own policies and procedures, whether or not injury results.

**Exploitation**

Utilizing a position of employment to take advantage of a client for personal benefit. Exploitation includes, but is not limited to, improperly requesting clients to perform employee's work responsibilities or otherwise perform services or tasks for the employee; requesting, taking or receiving money, gifts, or other personal possessions from clients; utilizing clients to engage in conduct with other clients that would be prohibited if performed by an employee.

**Mistreatment**

Any act or threat of intimidation, harassment or similar act, and includes but is not limited to, active verbal aggression or intimidation; use of physical or non-verbal gestures as a means of intimidation; withholding of or the threat of withholding physical necessities or personal possessions as a means of intimidation for the control of the individual; making false statements as a means of confusing or frightening or badgering a client.

**Verbal Abuse**

Words spoken by an employee that demean a client or could reasonably be expected to cause shame or ridicule, humiliation, embarrassment, emotional distress, or other harm. Verbal abuse includes, but is not limited to, threatening a client, using abusive, obscene, or derogatory language to a client; or teasing or taunting a client in a manner to expose the client to ridicule.

**B. ASSAULT:**

Any physical attack by an individual in which there is specific intent to inflict harm or potential harm to another person. This includes, but is not limited to, hitting, kicking, slapping, throwing objects at, or otherwise striking another person, with the potential to cause injury.

**C. CONFIDENTIALITY/PRIVACY BREACH:**

Any violation of the confidentiality or privacy of protected client information relative to the *Alcohol and Other Drug Confidentiality Rule* within 42 C.F.R Part 2, or the *Health Insurance Portability and Accountability Act Privacy Rule*, within 45 C.F.R. Parts 160 and 164.

**D. DEATH**

Cessation of all vital body functions of a person from known or unknown cause(s), including suicide.

**E. ELOPEMENT**

An event in which a client/customer cannot be located when expected to be present, after a reasonable search of the facility and grounds.

**F. EVACUATION/RELOCATION**

Any incident that involves unplanned evacuation or relocation of clients, including but not limited to, fires, floods, weather related conditions, utility or plumbing failure, hazardous materials events, etc.

**G. INJURY**

A wound, physical harm, or other damage sustained by or caused to a person resulting in physical harm or damage which requires medical treatment more intensive than minor first aid. If the cause of the injury is known, the cause may be accidental, self-inflicted, or the result of an assault.

**H. ILLNESS**

The onset of a physical and/or mental disorder that is serious enough to require admission to an acute care hospital.

**I. LEGAL/CRIMINAL ACTIVITY**

An incident in which a program's staff requires assistance by law enforcement officials as a result of alleged criminal activity.

**J. MEDIA EVENTS**

Any incident in which the media is involved in an unplanned manner.

**K. MEDICATION ERROR**

The process in which a client is given an incorrect drug, drug dose, dosage form, quantity, route, concentration, or rate of administration, the failure to administer a drug (missed dose), or the administration of a drug on a schedule other than intended. Severity of medication errors consistent with the National Association of State Mental Health Program Directors Research Institute's (NRI) Severity of Medication Error Scale are as follows:

**Level 1:** Incidents in which the recipient experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.

**Level 2:** Incidents in which the recipient experienced short term, reversible, adverse consequences, and treatment and/or intervention(s) in addition to monitoring and observation was/were required.

**Level 3:** Incidents in which the recipient experienced life-threatening and/or permanent adverse consequences.

Administration of medication within one(1) hour before or one(1) hour after the scheduled/ordered time of administration does not constitute a medication error.

**L. NON-CONSENSUAL SEXUAL CONTACT**

Any non-consensual, forced and/or coerced, sexual contact between two clients/participants. Sexual contact includes non-consensual touching of the sexual or intimate parts of a client/participant by another and includes intercourse. Sexual contact is considered non-consensual when at least one of the parties so indicates, when one or both clients are considered incapable of giving consent, or when either party is under the age of sixteen (16).

**M. PROPERTY DESTRUCTION**

Any act resulting in damage or destruction of goods that requires replacement or repairs in excess of \$500.00.

**N. QUARANTINE**

Any event requiring isolation of any segment of the agency's population and/or facilities, due to contagious or infectious disease.

**O. SUICIDE ATTEMPT**

An act committed by a person in an effort to cause their own death.

**P. OTHER EVENTS**

Any event that adversely affects, or has the potential to be harmful or hazardous to the health, safety, or well being of a client, program participant, provider staff, volunteers, or others who are onsite at a provider location for any reason, and does not fall into one of the categories listed above. This includes, but is not limited to, potential agency liability issues and/or any incident that has the potential for adversely impacting DMH.

**III. REPORTING PROCEDURES**

**A.** Critical incidents shall be reported to SASD if they occur in any of the following locations:

1. On a certified/contract provider's premises;
2. Any setting, location, or event in which care or services are provided by a certified/contract provider; or
3. On the premises, or any setting, location, or event in which care or services are provided by an individual, agency, or other organization that is under contract with a certified/contract provider to deliver DMH certified services.

**B.** Critical incident reports must be submitted to SASD:

1. Within twenty-four (24) hours of the occurrence of each critical incident listed in *italics* in the chart provided in APPENDIX I; and/or
2. As an attachment to an end of month summary report that lists twenty-four (24) hour reportable incidents, plus other reportable incidents that have occurred during the reporting month.

- C. The details of each twenty-four (24) hour reportable incident, other than deaths and medication errors, shall be recorded on FORM #101 provided in APPENDIX IV, and faxed to SASD within twenty-four (24) hours of the incident's occurrence.
- D. The details of all deaths shall be recorded on FORM #301 provided in APPENDIX III, and faxed to SASD within twenty-four (24) hours of the death.
- E. The details of all medication errors shall be recorded on FORM #401 provided in APPENDIX II. Level 3 medication error reports are to be faxed to SASD within twenty-four (24) hours of the error's occurrence.
- F. A follow-up investigation of each twenty-four (24) hour reportable incident, including each death and Level 3 medication error, shall be conducted and reported to SASD, utilizing FORM #201 provided in APPENDIX V. Form #201 is to be submitted to SASD:
  - 1. Within fourteen(14) days of the death of a client or other program participant.
  - 2. Within thirty (30) days of the occurrence of each twenty-four (24) hour reportable event, other than the death of a client.
- G. The details of monthly reportable critical incidents listed in the chart provided in APPENDIX I, other than medication errors, shall be recorded on FORM #101 provided in APPENDIX IV. FORM #401 shall be utilized to record a Level 1 and 2 medication error. The provider shall batch the monthly reportable FORMS #101 and #401 and submit them to SASD no later than the tenth (10<sup>th</sup>) day of the month following the incident's occurrence. The batched reports shall accompany submission of the Monthly Incident Summary Report, FORM #501.
- H. FORM #501, provided in APPENDIX VI, shall be submitted to SASD no later than the tenth (10<sup>th</sup>) day of the month following the month of an incident's occurrence. On this report, the provider is to list the total of all incidents occurring during the reporting month, by category. If no critical incidents occur during the reporting month, the provider should specify such on FORM #501. In addition, the total number of pending follow-up investigations is to be provided.

#### **IV. NOTIFICATION TO DMH ADVOCACY OFFICE**

The SASD Office of Advocacy and Outreach will notify the DMH Advocacy Office of all reportable incidents as follows:

- A. A report of each twenty-four (24) hour reportable event received by SASD will be forwarded to the DMH Advocacy Office within twenty-four (24) hours of its receipt.
- B. A monthly report summarizing all critical incidents reported to SASD shall be submitted to the DMH Advocacy Office no later than the twentieth (20<sup>th</sup>) day of the month following the month of incident occurrence.

#### **V. REVIEW OF INCIDENT DATA**

- A. The SASD Office of Advocacy and Outreach will maintain on file all incident reports and have them readily available for distribution and review to the SASD Associate Commissioner, its program directors and service coordinators, and the Director of the DMH Advocacy Office upon request.
- B. Quarterly incident summary reports will be compiled and submitted to the SASD Associate Commissioner, its program directors and service coordinators, and certified/contract providers. These reports will be utilized for the purpose of identifying trends and patterns in incident reporting, and to support development of strategies to ensure the safety and protect the interests of clients, participants, employees, volunteers, and visitors of SASD's certified/contract programs.

# APPENDIX I

## CRITICAL INCIDENT REPORTING REQUIREMENTS

TYPE OF INCIDENT	INITIAL REPORTING TIME FRAME		INITIAL REPORT METHOD		FOLLOWUP REQUIRED		ALL FORMS REQUIRED TO REPORT				
	Within 24 Hours of Incident	Monthly	FAX (334) 242-0759	Mail or FAX	30 Days	14 Days	101 *	201 *	301 *	401 *	501 *
Abuse/Neglect											
Physical Abuse	X		X		X		X	X			X
Sexual Abuse	X		X		X		X	X			X
Neglect		X		X			X				X
Exploitation		X		X			X				X
Mistreatment		X		X			X				X
Verbal Abuse		X		X			X				X
Other	X		X		X		X	X			X
Assault	X		X		X		X	X			X
Confidentiality/Privacy Breach	X		X		X		X	X			X
Death	X		X		X	X	X	X	X		X
Elopement	X		X		X		X	X			X
Evacuation/Relocation	X		X		X		X	X			X
Injury	X		X		X		X	X			X
Illness	X		X		X		X	X			X
Legal/Criminal Activity	X		X		X		X	X			X
Media Events	X		X		X		X	X			X
Medication Errors											
Level 1		X		X							X
Level 2		X		X							X
Level 3	X		X		X			X			X
Non-Consensual Sexual Contact	X		X		X			X	X		X
Property Destruction		X		X							X
Quarantine	X		X		X			X			X
Suicide Attempt	X		X		X			X			X
Other (specify)	X		X		X			X	X		X

\*Form #101 - Critical Incident Report: APPENDIX IV

Form #401 - Medication Error Report Form: APPENDIX II

Form #201 - Critical Incident Follow-Up Report: APPENDIX V

Form #501 - Monthly Incident Summary Report: APPENDIX VI

Form #301 - Report of Death: APPENDIX III

## APPENDIX II

**SUBSTANCE ABUSE SERVICES DIVISION**  
**Alabama Department Of Mental Health**  
**MEDICATION ERROR REPORT**  
**FORM # 401**

Date of Occurrence:		Time of Occurrence:	
Client Name:			Case#:
Person (Name and Title) Responsible for Error:		Credentials of Person Responsible for Error <i>(Check one)</i> : <input type="checkbox"/> MAS RN <input type="checkbox"/> RN <input type="checkbox"/> MAC Worker <input type="checkbox"/> MAS LPN <input type="checkbox"/> LPN <input type="checkbox"/> Administrator <input type="checkbox"/> Other <i>(Identify)</i> :	
Supervising Nurse Name/Title:			
Supervising Nurse Notified of Error? <input type="checkbox"/> No <input type="checkbox"/> Yes: Date and Time of Notification:			
Agency Name and Address:			
Facility Name and Address Where Error Occurred:			
Level of Care Provided by the Program in Which Error Occurred:			
Medication(s) Involved in Error:			
Nature of Error <i>(Check as appropriate)</i> :			
<input type="checkbox"/> Incorrect Drug	<input type="checkbox"/> Incorrect Rate of Administration	<input type="checkbox"/> Missed Dose	
<input type="checkbox"/> Incorrect Drug Dose	<input type="checkbox"/> Incorrect Route	<input type="checkbox"/> Other <i>(describe)</i> :	
<input type="checkbox"/> Incorrect Dosage Form	<input type="checkbox"/> Incorrect Concentration		
<input type="checkbox"/> Incorrect Quantity	<input type="checkbox"/> Incorrect Schedule		
NRI* Severity of Medication Error: <input type="checkbox"/> 1. The recipient experienced no or minimal adverse consequences and no treatment or intervention, other than monitoring and observation, was required. <input type="checkbox"/> 2. The recipient experienced short-term reversible, adverse consequences, and treatment and/or intervention(s), in addition to monitoring and observation, was required. <input type="checkbox"/> 3. The recipient experienced life-threatening and/or permanent adverse consequences.			
Details of Medication Error(s) <i>(Attach additional sheets if necessary)</i> :			
Actions Taken/Contacts Made <i>(Attach additional sheets if necessary)</i> :			
Name/Title/Credentials of Person Completing Report:			Email:
Signature of Reporter:			Phone:

\*National Association of State Mental Health Program Directors Research Institute, Inc. February, 2001.

## APPENDIX III

**SUBSTANCE ABUSE SERVICES DIVISION**  
**Alabama Department Of Mental Health**  
**REPORT OF DEATH**  
**FORM #301**

Agency Name and Address:		Date of Report:	
Name and Title of Person Completing Report:		Phone:	
		Email:	
Client Name:		UCI:	
Date of Death:		Time of Occurrence (am or pm):	
Location of Death (Name and address):			
Is this: <input type="checkbox"/> Provider Premises <input type="checkbox"/> Client Residence <input type="checkbox"/> Other Location(specify):			
Death Due To:			
<input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide/Violence <input type="checkbox"/> Natural Causes <input type="checkbox"/> Terminal Illness <input type="checkbox"/> Unknown			
Specific Cause of Death (If known):			
Date of Birth:		Race:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Admission:		Level of Care:	
Summary (Events leading up to, including, and immediately following client's death. Attach additional sheets if necessary):			
Witness(es) to Death:			
Staff	Clients (Case #'s only)	Others (Identify relationship)	
Contact Summary (Check all that apply):	Person(s) Contacted	Date Contacted	Time
<input type="checkbox"/> Client's Family/Legal Guardian			
<input type="checkbox"/> 911			
<input type="checkbox"/> Law Enforcement			
<input type="checkbox"/> Provider's Physician			
<input type="checkbox"/> Client's Primary Physician			
<input type="checkbox"/> Emergency Room			
<input type="checkbox"/> SASD/DMH			
<input type="checkbox"/> Other (Identify):			
Other Actions Taken (Attach additional sheets if necessary):			

Signature of Person Completing Report

Date \_\_\_\_\_

# APPENDIX VI

## SUBSTANCE ABUSE SERVICES DIVISION Alabama Department Of Mental Health MONTHLY INCIDENT SUMMARY REPORT FORM #501

Agency Name and Address:		Date of Report:
		Reporting Month:
Name and Title of Person Completing Report:		
Phone:		Email:
Beside each incident, please provide the number of monthly reportable events included with this summary and the number of 24-hour reportable events submitted to SASD during the reporting month:		
# Monthly Reports Enclosed	# 24 Hour Reports Previously Submitted to SASD During the Reporting Month	Reportable Incidents
		No Reportable Incidents During the Reporting Month
		Abuse/Neglect ( <i>Specify below</i> )
		Physical Abuse
		Sexual Abuse
		Neglect
		Exploitation
		Mistreatment
		Verbal Abuse
		Evacuation/Relocation
		Confidentiality/Privacy Breach
		Death
		Elopement
		Non-Consensual Sexual Contact
		Injury
		Legal/Criminal Activity
		Media Events
		Property Destruction
		Quarantine
		Suicide Attempt
		Medication Errors
		Level 1
		Level 2
		Level 3
		Other ( <i>Identify</i> ):
Please indicate the number of follow-up investigations pending for the reporting month:		
Comments:		

Signature of Person Completing Report

Date



# APPENDIX IV

## SUBSTANCE ABUSE SERVICES DIVISION Alabama Department Of Mental Health CRITICAL INCIDENT REPORT FORM # 101

<b>A. CHECK AS APPROPRIATE:</b> <input type="checkbox"/> 24 HOUR REPORTABLE EVENT <input type="checkbox"/> MONTHLY REPORTABLE EVENT			
Agency Name and Address:			Date of Report:
Name and Title of Person Completing Report:			Phone:
			Email:
Date of Incident:		Time of Occurrence (am or pm):	
Location of Incident (Name and address):			
Is this: <input type="checkbox"/> Provider Premises <input type="checkbox"/> Client Residence <input type="checkbox"/> Other Location(specify):			
Client Involved in Incident:			UCI:
Others Involved in Incident:			
Staff		Clients (Case #'s only)	Others (Identify relationship)
Witness(es) to Incident:			
Staff		Clients (Case #'s only)	Others (Identify relationship)
Type of Incident Reported (Check all that apply):			
<input type="checkbox"/> Abuse/Neglect (Specify below)		<input type="checkbox"/> Confidentiality/Privacy Breach	<input type="checkbox"/> Evacuation/Relocation
<input type="checkbox"/> Physical Abuse		<input type="checkbox"/> Death	<input type="checkbox"/> Property Destruction
<input type="checkbox"/> Sexual Abuse		<input type="checkbox"/> Elopement	<input type="checkbox"/> Quarantine
<input type="checkbox"/> Neglect		<input type="checkbox"/> Non-Consensual Sexual Contact	<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Exploitation		<input type="checkbox"/> Injury (Complete Section B)	<input type="checkbox"/> Other (identify)
<input type="checkbox"/> Mistreatment		<input type="checkbox"/> Legal/Criminal Activity	
<input type="checkbox"/> Verbal Abuse		<input type="checkbox"/> Media Events	
Description of the Event, including Who, What, When, Where, and How (Describe any preceding circumstances, resulting harm, property damage, and any other relevant information. Attach additional pages if necessary):			
Summary of Contacts Made (Check all that apply):			
<input type="checkbox"/> Client's Family/Legal Guardian		<input type="checkbox"/> DHR	<input type="checkbox"/> Primary Physician
<input type="checkbox"/> 911		<input type="checkbox"/> OSHA	<input type="checkbox"/> Provider's Physician
<input type="checkbox"/> Law Enforcement		<input type="checkbox"/> ADPH	<input type="checkbox"/> Emergency Room
			<input type="checkbox"/> SASD/DMH
<input type="checkbox"/> Other (Explain):		<input type="checkbox"/> Outpatient Clinic	<input type="checkbox"/> EMA
Other Actions Taken (Attach additional pages if necessary):			

<b>B. INJURY REPORT</b>
-------------------------

**A reportable injury occurs when a client suffers physical harm or damage which requires medical treatment more intensive than minor first aid. Providers are not required to report isolated injury incidents for clients whose injuries require no treatment or minor first aid. HOWEVER, If the injury occurs in conjunction with any other reportable incident, the injury is to be reported to SASD regardless of the level of severity. Under all circumstances, injuries requiring medical intervention, hospitalization, or resulting in death are to be reported to SASD.**

**Cause of Injury:** ☐ Accident    ☐ Self-Inflicted    ☐ Assault    ☐ Other (*identify*)

**Did the Injury Occur in Conjunction with Another Critical Incident:** ☐ Yes ☐ No

**Please Check the Appropriate Injury Severity NRI\* Level:**

☐ No Treatment

The injury received does not require first aid, medical intervention, or hospitalization; the injury received by a client (e.g., a bruised leg) may be examined by a licensed nurse or other nursing staff working within the facility but no treatment is applied to the injury

☐ **Minor First Aid:**

The injury received is of minor severity and requires the administration of some level of treatment; further, at this level of severity, the treatment received is provided within the facility and does not require medical intervention or hospitalization; the injury received by the client (e.g., a minor cut on an arm) may be examined by a licensed nurse or other nursing staff working within the facility, who may provide the aid necessary to properly treat the injury (e.g., clean and disinfect the cut and place a band-aid on the cut), but treatment by a medical doctor, physician's assistant, or nurse practitioner is not necessary, required, or applied for.

☐ **Medical Intervention Required**

The injury received is severe enough to require the treatment of the client by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization; further, the treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a doctor's private office through treatment at the emergency room of a general acute care hospital.

☐ **Hospitalization Required**

**Hospitalization Required:** The injury received is so severe that it requires medical intervention and treatment as well as care of the injured client at a general acute care medical ward within the facility or at a general acute care hospital outside the facility; regardless of the length of stay, this severity level requires that the injured client be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room.

☐ Death Occurred

**The injury received was so severe that it resulted in - or complications from the injury lead to - the termination of the life of the injured client.**

**Other Injury Details** (Attach additional pages if necessary):

**Signature of Person Completing Report**

Date \_\_\_\_\_

\*National Association of State Mental Health Program Directors Research Institute, Inc., February, 2001.

## APPENDIX V

**SUBSTANCE ABUSE SERVICES DIVISION**  
**Alabama Department Of Mental Health**  
**CRITICAL INCIDENT FOLLOW-UP REPORT**  
**FORM # 201**

[illegible]

